

Work Order ID 95644

January-16-13 8:33:46 AM

95644

Page 1

Item ID: D4009-7

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Tab

100

Start Date: 1/16/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-01-16

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

D4009 A

0.00

100

Purchasing

Memo

Issue P/O: 18841

Purchase Part Number: 8-696372-1

Supplier: TYCO ELECTRONICS

Certificate of conformity is required

CL 13/01/16 100

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Memo

0.00

Packaging

13/01/16 100

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>		Grain <input type="checkbox"/>		Ovalized <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/>			
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>		Hardware <input type="checkbox"/>		Over/Under tolerance <input type="checkbox"/>		Temperature/Cure <input type="checkbox"/>			
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>		Inspection Incomplete <input type="checkbox"/>		Part Incorrect <input type="checkbox"/>		Weld <input type="checkbox"/>			
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>		Instructions Incomplete/Unclear <input type="checkbox"/>		Part Lost/Missing <input type="checkbox"/>		Wrong Stock Pulled <input type="checkbox"/>			
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>		Maintenance <input type="checkbox"/>		Part Moved <input type="checkbox"/>					
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>		Mislabeled <input type="checkbox"/>		Positioned Wrong <input type="checkbox"/>					
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>		Misread <input type="checkbox"/>		Power Loss/Surge <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>		Offset <input type="checkbox"/>		Other <input type="checkbox"/>					
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>		Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>		Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>		Outside Dimensions <input type="checkbox"/>							

Work Order ID 95644

January-16-13 8:33:46 AM

95644

Page 2

Item ID: D4009-7

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Tab

Stop

NS2

Start Date: 1/16/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center ID

120

120

QC

Quality Control

Operation
Description

QC6- Inspect dimensions to drawing

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
StampOAS
15
J-B3

100

13-123

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: STO83 0.00

Memo

0.00

100X

SP
13-01-23

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/1/2500

MF
13-1-24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

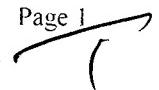
DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process					:						
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			

Picklist Print

January-16-13 8:33:50 AM

Page 1


Work Order ID: 95644

95644
D4009-7

Parent Item: D4009-7

Parent Item Name: Tab

Start Date: 1/16/13

Required Date: 1/30/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP rev A 10.02.05 new issue Prelim EC verified by: JLM IPP Rev:B
10.05.03 as per ECN10-562 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
8-696372-1 tab		Purchased	No			110	Each	0.0000	1	8.00	**	1/16/13 2 (10)	

8-696372-1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instruction is Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

ITEM NO.	QTY. 041	PART NUMBER	DESCRIPTION	JOHN CAMERON AVIATION PART NUMBER
1	X	D4009-041	BONDING BRAID	JCA-M47-4-01
2	2	D4009-1	TERMINAL END	
3	1	D4009-3	GROUND STRAP	
4	1	D4009-5	GROUND STRAP	
5	1	D4009-7	TAB	
6	1	D4009-9	RECEPTACLE	

SHOP COPY
RETURN TO
ENGINEERING

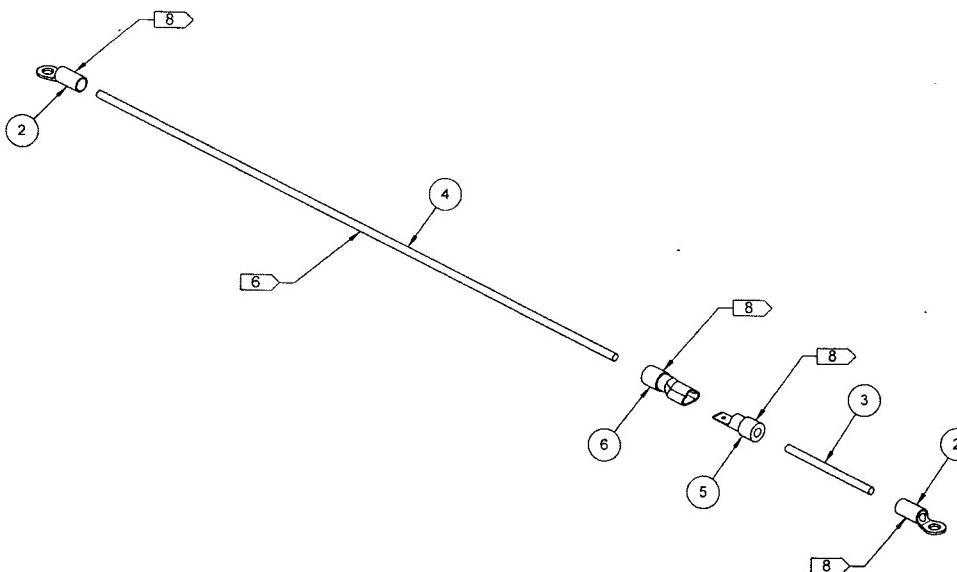
UNCONTROLLED COPY
SUBJECT TO AMENDMENT

WITHOUT NOTICE

WORK ORDER

NO. 95644 ML5

13-01-16



D4009-041 BONDING BRAID

A NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4009-041" AND B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: N/A
- 8) USE CRIMPING TOOL P/N 59824-1

A	NEW ISSUE	10.02.05
REV.	DESCRIPTION	BY DATE
DESIGN	<i>[Signature]</i>	
DRAWN	<i>[Signature]</i>	
CHECKED	<i>[Signature]</i>	
MFG. APPR.	<i>[Signature]</i>	REV. A
APPROVED	<i>[Signature]</i>	
DE APPR.	<i>[Signature]</i>	SHEET 1 OF 5
DATE	10.02.05	TITLE
		GROUND STRAP
		NTS

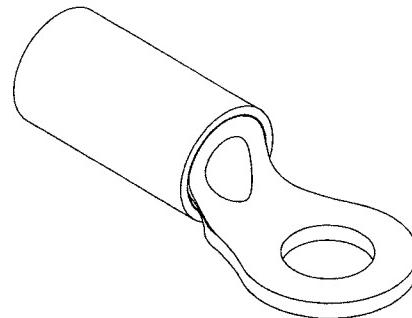
DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D4009

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DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4009-1	REF JCA-M47-4-01

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	SUPPLIER	SUPPLIER PART NUMBER	MILITARY PART NUMBER	INSTALLATION TOOL PART NUMBER
D4009-1	TYCO ELECTRONICS	36161	MS25036-112	59824-1

D4009-X TERMINAL END

- NOTES:
- 1) MATERIAL: N/A
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: N/A
 - 6) IDENTIFICATION: N/A
 - 7) WEIGHT: N/A

DESIGN	<i>AS</i>	DART AEROSPACE LTD
DRAWN	<i>AS</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>AS</i>	REV. A
MFG. APPR.	<i>EZ</i>	D4009
APPROVED	<i>AS</i>	SHEET 2 OF 5
DE APPR.	<i>AS</i>	TITLE
DATE	10.02.05	SCALE
		NTS

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956044

RELEASED
2010-05-05
AS

8

7

6

5

4

3

2

95644

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4009-3	REF JCA-M47-4-01
D4009-5	REF JCA-M47-4-01

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	LENGTH "L"
D4009-3	1.5
D4009-5	13.5

D4009-X GROUND STRAP

RELEASED
2010-05-05
MP

NOTES:

- 1) MATERIAL: MADE FROM AVIALL P/N 1171 (OR SEA-171) OR C.O.R.E. AVIATION P/N QQ8575R36T250
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A

DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	REV. A
MFG. APPR.	<i>[Signature]</i>	D4009
APPROVED	<i>[Signature]</i>	SHEET 3 OF 5
DE APPR.	<i>[Signature]</i>	TITLE
DATE	10.02.05	SCALE
		NTS
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8

7

6

5

4

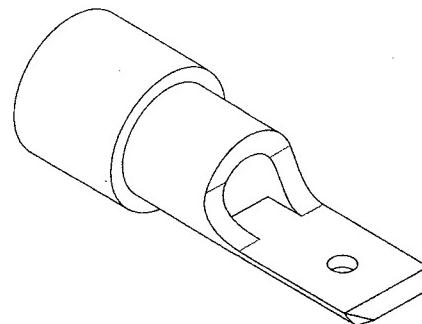
3

2

1

95644

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	SUPPLIER	SUPPLIER PART NUMBER	INSTALLATION TOOL PART NUMBER
D4009-7	TYCO ELECTRONICS C.O.R.E. AVIATION	8-696372-1	59824-1

D4009-X TAB

RELEASED
2010-05-05
[Handwritten signature]

- NOTES:
- 1) MATERIAL: N/A
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: N/A
 - 6) IDENTIFICATION: N/A
 - 7) WEIGHT: N/A

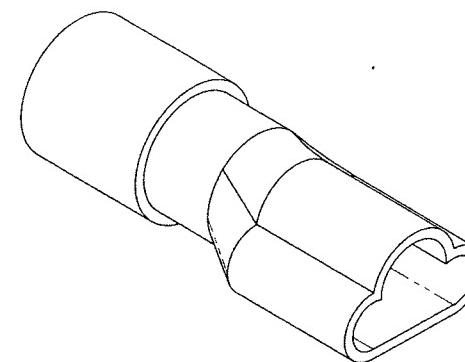
DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	DRAWING NO.
MFG. APPR.	<i>[Signature]</i>	REV. A
APPROVED	<i>[Signature]</i>	D4009
DE APPR.	<i>[Signature]</i>	SHEET 4 OF 5
DATE 10.02.05		SCALE
		NTS
TITLE GROUND STRAP		

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8 7 6 5 4 3 2 1

95644

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	SUPPLIER	SUPPLIER PART NUMBER	INSTALLATION TOOL PART NUMBER
D4009-9	TYCO ELECTRONICS C.O.R.E. AVIATION	8-696371-1	59824-1

D4009-X RECEPTACLE

- NOTES:
- 1) MATERIAL: N/A
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: N/A
 - 6) IDENTIFICATION: N/A
 - 7) WEIGHT: N/A

DESIGN	5	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	BS	DRAWING NO. D4009 REV. A SHEET 5 OF 5 TITLE GROUND STRAP <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AND IS SUPPLIED UNDER THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED, OR LENT TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>
CHECKED	B	
MFG. APPR.	E	
APPROVED	M	
DE APPR.	H	
DATE	10.02.05	

8 1 7 1 6 5 4 3 2 1



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18841**

Purchase Order Date 1/16/13
PO Print Date 1/16/13

Page Number 1 of 1

Order From :

DIGI-KEY CORPORATION
P. O. BOX 390

VC-DIG001

THIEF RIVER FALLS, MN 56701-0390
US

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Requisition Nbr	10127-2607
Vendor Fax	Tax Resale Nbr	Net 30
Vendor Account Nbr	Terms	CAD
	Currency	Destination-Collect
	FOB	

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
Q13/01/13

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	8-696372-1 <i>Smr</i>	tab	1/18/13 Yes	100.00 Each	FedEx PI collect	\$0.4721	\$47.21

Special Inst: AS PER DWG D4009 REV. A
B95644
TYCO P/N: 8-696372-1

PO Total: \$47.21

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required YES NO

Change Nbr: 2

Change Date: 1/16/13



www.digikey.ca
Orders 1-800-344-4539
Fax 218-681-3380

701 Brooks Ave. South, P.O. Box 677, Thief River Falls, MN 56701-0677 USA

Invoice # 40664787
CANADIAN \$

Tracking # 553652030552

Sold To:

CHANTAL LAVOIE
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

CUSTOMER 3794228

Bill To:

DART AEROSP
ACCOUNTS PAYABLE
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

Terms	Invoice Date	Page
Net 30 Days	18-JAN-2013	1
Customer Purchase Order		Sales Order
PO018841		35108837
Back Orders		Account
Accepts to 18-APR-2013		1125703
Entered By / Date	Shipped Via	Ship Date
A4F3/18-JAN-2013	XF1D	18-JAN-2013
<i>Please Remit Payment to:</i>		Digi-Key Corp. 1125703 P.O. Box 390 Thief River Falls, MN 56701-0390

For Office Use Only	Received FAX	VAT/Tax ID	Billing BILL SHIP	Pack List No. 1	Printing Date 18-JAN-2013	Currency Type: CANADIAN \$	MSC # 0	807
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Idx	Box	Ordered	Cancelled	Shipped	Item Number/Description	Back Order	Unit Price Canadian \$	Amount Canadian \$
1		100	0	100	696372-1-ND CONN TAB FASTON .250 10-12AWG CUST REF #: B96544 HTSUS: 8536.90.4000 ECCN: EAR99 LEAD: LEAD FREE ROHS: ROHS COMP COUNTRY/ORIGIN: TAIWAN CAGE: 0PJN9 NO EEE 30.36 TOTAL INVOICED SHIPPING CHARGES APPLIED ** CHARGES SUBTOTAL ** HST ON TAXABLE AMT: 55.21 TAX RATE: 13.00 (T INDICATES TAXABLE AMOUNTS) TOTAL DUE NET 30 - PAY FROM THIS INVOICE INCOTERM 2010: DDP HAWKESBURY, ON, CANADA THE ORDER IS COMPLETE Prices shown do not include any federal, state or local taxes, or any other taxes imposed by any government authority, including, without limitation, sales, use, excise, value-added taxes or similar taxes. HST will be applied to sales of goods at a rate of 12% for British Columbia residents; 13% for Ontario, New Brunswick, Newfoundland and Labrador residents, and 15% for Nova Scotia residents. GST of 5% will be applied to all sales of goods to residents of all other provinces or territories. In addition to GST, Quebec Sales Tax of 9.5% will be applied to sales of goods for personal use for Quebec residents and PST will be applied to sales of goods for personal use at a rate of 7% for Manitoba residents, 5% for Saskatchewan residents and 10% for Prince Edward Island residents.		.47210	47.21 T

Claims for pricing errors, shortages, and defective product must be reported within 30 days of invoice date.

Contact Customer Service at 1-800-858-3616

DIGI-KEY NRI #: 895173490

DIGI-KEY GST/HST#: 895173490RT

701 Brooks Ave. South, P.O. Box 677, Thief River Falls, MN 56701-0677 USA

www.digikey.ca
Orders 1-800-344-4539
Fax 218-681-3380

Invoice # 40664787
CANADIAN \$

Tracking # 553652030552

Sold To:

CHANTAL LAVOIE
DART AEROSP
1270 ABERDEEN ST
HAWKESBURY ON K6A1K7
CANADA

CUSTOMER 3794228

Terms	Invoice Date	Page
Net 30 Days	18-JAN-2013	2
Customer Purchase Order PO018841	Shipped Via XFID	
Please Remit Payment to: Digi-Key Corp. 1125703 P.O. Box 390 Thief River Falls, MN 56701-0390		807

Idx	Box	Ordered	Cancelled	Shipped	Item Number/Description	Back Order	Unit Price Canadian \$	Amount Canadian \$
				Ship From: General -	<p>DIGI-KEY CORPORATION 701 BROOKS AVE. SOUTH P.O. BOX 677 THIEF RIVER FALLS MN 56701-0677</p> <p>CUSTOMER INDICATED THAT PRODUCT WILL NOT BE EXPORTED OUTSIDE OF CANADA. - A4F3 VERIFIED FOB PT AS ORIGIN. * 3/2/09 SURVEY REVIEWED & SIGNED W/ISO,SSI,W9 AND ORG. CHART.A2EQ/2513.</p> <p>These commodities, technology or software were exported from the United States in accordance with the Export Administration regulations. Diversion contrary to U.S. law prohibited.</p> <p>The Digi-Key components included in the above shipment are genuine components and were provided by the applicable manufacturer to Digi-Key. Test reports (chemical, physical, electrical, etc., together with results of any tests performed by the manufacturer) are on file (either here or in the plant of the manufacturer) and will be made available upon request. These components have been handled in accordance with the requirements of applicable quality standards. This certification is valid only to the original customer and is not transferable. Contact Customer Service at 800-858-3616 if you have any questions.</p> <p><i>Kim Gilbert</i> Kim Gilbert, Customer Service Manager</p> <p><i>Scott Fricke</i> Scott Fricke, Director Corporate Quality</p>			

Claims for pricing errors, shortages, and defective product must be reported within 30 days of invoice date.

Contact Customer Service at 1-800-858-3616